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Bib Data Sheet

CONFIRMATION NO. 3029

SERIAL NUMBER 10/776,840	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. MRD / 62DV
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** CONTINUING DATA ***** This application is a DIV of 09/898,885 07/03/2001 ABN ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met. Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials <i>SH</i>		STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 9
				INDEPENDENT CLAIMS 3
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TITLE METHOD AND COMPOSITIONS FOR DUAL PHOTOTHERAPY				
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	